DOCUMENT RESUME

ED 447 371 CG 030 456

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TITLE Racism in Supervision: The Perspective of a Supervisee.
PUB DATE 2000-08-00
NOTE 6p.; Paper presented at the Annual Conference of the American Psychological Association (108th, August 4-8, 2000, Washington, DC).
PUB TYPE Opinion Papers (120) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Asian Americans; Counseling; *Counselor Training; Ethnic Bias; *Graduate Students; Higher Education; Personal Narratives; *Racial Bias; Social Bias; *Supervision; *Teacher Student Relationship

ABSTRACT

This paper provides a personal account of the difficulties a supervisee, counseling a male Asian immigrant, encountered with a supervisor. The account helps to address what graduate students should do if they experience racism. It also delves into the deeper issue of whether the influence of supervisors' cultural backgrounds determines how they respond to supervisees and if it limits the types of advice they offer. The paper then discusses the dilemma graduate students face when they must decide between following the rules of their supervisor and thinking more critically about alternative solutions to cultural issues with clients. It offers suggestions on what would be helpful attitudes for supervisors in these situations and what students can do to counter the racist attitudes with what they know to be right. (JDM)

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ED 447 371

Racism in Supervision: The Perspective of a Supervisee

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Note. This paper is presented as part of a symposium entitled "When Racism is Reversed: Racism and Its Effects on Therapists of Color" (Rasheed, S., Chair), during the annual convention of the American Psychological Association, August 2000, Washington, DC. Correspondence regarding this paper should be directed to Krista M. Gragg, 5251 University of Oregon, Eugene, OR 97403.

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A supervisory relationship can be one of the most empowering relationships a student will experience during his/her graduate training. Ideally, supervision fosters both the professional and personal development of the supervisee. Although there are different supervision models, trust, safety, and respect are elements common to each. These elements are as important in supervision as they are in therapy. For that reason, the process by which the supervisor fosters professional and personal development will ultimately be empowering to both the supervisee and the client.

Supervision, however, is not always empowering. Supervisees may experience racist comments and actions from their supervisors, and this racism may be directed toward the supervisee, the client, or both. Students are challenged to negotiate their relationships with their supervisors and at the same time advocate for their clients; a formidable task that may be complicated by existing power differentials.

This morning, I would like to speak to the graduate students in the audience who know that they have experienced racism in supervision and do not know what to do, and to those who experience racism and are afraid to open their eyes. I would also like to speak to the supervisors in the audience who have never asked their supervisees to think critically about the influence of their cultural backgrounds, and to those supervisors who have never thought to question the influence of their own.

I have omitted or changed case details for this presentation. I want to share with you a few examples from my supervision experiences with a 35 year-old, Euro-American male supervisor with whom I worked in a community agency setting. I believe that our work together, with one client in particular, illustrates the far-reaching impact of racism on my clinical training, my relationship with my client, and my personal development.

My client's name is John. He was 36 years-old when he immigrated to the United States from an Asian country, just two weeks before coming into the community agency where I was

working. John initially presented with acute signs of depression, loneliness, and anxiety. After a thorough assessment, John and I agreed that he was experiencing multiple difficulties associated with the acculturation process. Our work together included establishing a strong and supportive relationship, connecting John with his religious and ethnic communities, facilitating his involvement with neighbors and co-workers, and teaching John different strategies to help him reduce and cope with his anxiety. We met 2 or 3 times every week, and the duration of our meetings remained flexible. It was common for John to also telephone me during the week. For John, I was his teacher because I cared for him when his family could not.

Over time, John began coming into the agency 3 or 4 times every week, telephoning almost every day, and it seemed increasingly difficult for him to leave the therapy room when our sessions were over. It seemed apparent that the time away from his family, and his experiences in the U.S., were becoming more unbearable. My work with John became very difficult, both professionally and personally. I felt uncomfortable with the increasing frequency with which he was coming in to see me and telephoning. I also felt fearful of the intensity with which John refused to leave the therapy room. I struggled to discern what aspects of John's behavior, and my reactions, were due in part to his cultural background, my cultural background, an increasing severity of his symptoms, or were signs of a more serious psychological illness. My conceptualization of John's experiences, and my feelings toward him, changed as I struggled in supervision.

My supervisor first reprimanded me for not keeping once-a-week, 50-minute sessions with John. He felt that my time flexibility allowed John's "abuse of boundaries," and that I needed to examine my motivation for encouraging and accepting John's attachment to me. My supervisor felt that John was "needy and dependent," and was struggling more to adjust living in the U.S. than he thought was "normal." My supervisor stated that one of John's treatment goals should be to gain a stronger sense of self and greater autonomy. When I questioned the cultural assumptions of such

strict appointment times and this case conceptualization and treatment goal, he stated, "I have traveled in John's country, and those people are dirty, have no social graces, and have very poor boundaries." My supervisor said to immediately restrict our appointments and to stop talking about our relationship in session because I was "not helping John develop better boundaries."

When I decreased our appointments, it seemed even more difficult for John to leave when our sessions were over. I became more afraid of what might happen if one day he refused to leave. I expressed my fears to my supervisor and said that it seemed important to explore what was happening and why. My supervisor asked, "Why are you so scared of John? I don't get it. Have you ever been sexually abused or assaulted? Or, maybe it's because you feel passive with him because you are an Asian woman?" I did not talk again about this case in supervision. I felt unsafe, I was angry with my supervisor, and I dismissed him. My relationship with John suffered.

I realize now that my inward struggles remained inward. I was confused about my reactions toward John, the increasing severity of his depressive symptoms, and I felt unable to speak about this case in order to sort through my confusion. My cultural biases, assumptions, and racist beliefs toward John, and my supervisor, surfaced and remained unexamined. I started to believe that John's need for more than one appointment every week was inappropriate and disrespectful of my time. I felt angry toward him for being "needy." I began to dread our appointments and often seemed distant in our sessions. I also became vigilant about beginning and ending our sessions on time. John noticed and so did I. I also started to set very strict rules around termination. John consistently expressed that he wanted to give me a gift as he had done with all of his teachers and to periodically write to me after termination. I told John that we couldn't have any further contact after termination because that was how therapy worked and those were the cultural boundaries we had to follow. I realize now that my verbalization of such strict rules was more for me than for John. I lost perspective of the influences of culture, time, and context, and I lost the safety to

struggle to discern what felt right to me as a clinician. Thinking critically about this case in supervision became more difficult and unsafe than merely following the rules in order to be evaluated favorably.

I learned a lot about myself from this case. I had no models or guides to show me the way or to accompany me on this difficult journey. I've still made some of the same mistakes since then. Fortunately, my relationship with John turned around and ended well. A caring colleague supportively pushed me one day by asking, "Are you setting up these boundaries for John or for you?" I needed a supervisor to be curious, to ask questions without already having answers, to be excited and nonjudgmental about my struggles, and to examine his assumptions as well as mine. John and I had tea and snacks at our last session; a session that lasted well over 50 minutes.